APPLICATION FOR GUARDIANSHIP/CONSERVATORSHIP SERVICES THROUGH THE SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES

This application is to request guardianship and/or conservatorship services through the Department of Social Services for a person who is a resident of South Dakota.

1. Attach the following MANDATORY documentation:

- Copy of any legal paperwork pertaining to past guardianship or conservatorship appointment or power of attorney.
- A list of any known family members or friends and their contact information.
- Copy of current psychological or neuropsychological evaluation.
- Copy of the current medical history and diagnosis.
- List of all appropriate placement options that have been pursued.

★ THE DEPARTMENT RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION ★

2. Send completed application to:

Department of Social Services
Division of Adult Services & Aging
700 Governors Drive
Pierre, SD 57501

FAX: 1-605-773-4085

3. If you need assistance with the application, call the Department of Social Services, Division of Adult Services & Aging:

1-866-854-5465

YOUR APPLICATION WILL BE DENIED IF IT IS INCOMPLETE OR IF YOU DO NOT SEND THE REQUIRED INFORMATION
INFORMED CONSENT DECISIONS

Informed Consent: is the ability to consider relevant information, weigh risks and benefits and arrive at a knowing and voluntary decision. (Failure to make a decision the provider would have made does not, by itself, mean the person is not capable of giving informed consent).

TYPES OF GUARDIANSHIP OR CONSERVATORSHIP APPOINTMENTS

1. **Guardianship**: provides the guardian with decision-making authority and responsibility over the protected person’s personal affairs, including but not limited to, medical, legal, habilitation, employment, and educational matters.

2. **Conservatorship**: provides a conservator with decision-making authority to manage, protect, and preserve the protected person’s estate and finances. As with guardianship, a conservatorship may be full, limited, temporary or joint.

3. **Temporary guardianship (emergency)**: arranges for the temporary care, protection, and support for a person in need of immediate help. Temporary guardianship or conservatorship is appointed only for a 90-day period if it is shown that an immediate need exits and following the regular court procedures could result in significant harm to the person.

LEAST RESTRICTIVE

Examples of less restrictive alternatives to guardianship or conservatorship include:

- Community based services providing training to a person in specific areas;
- Case Management services;
- Utilizing a family member, friend, or advocate willing to assist the person by attending meetings, medical appointments, and having regular contact;
- Representative payee for government benefits, power of attorney, advance directives for health care; and
- Trust account for Social Security back payments, inheritance, settlements, etc.
APPLICATION FOR GUARDIANSHIP and/or CONSERVATORSHIP SERVICES THROUGH THE DEPARTMENT OF SOCIAL SERVICES

Name of person referred: ____________________________________________________________

First    Middle    Last
DOB: ___________________ Current Age: _______ Sex: _______ SSN: ____________________

Name and address of hospital/agency and hospital/agency contact providing support to the person referred: __________________________

Telephone number of hospital/agency contact (Social worker, case manager, etc.): __________________________

Email address of the hospital/agency contact person: _____________________________________________

Sources and amount of monthly income: SS________ SSI________ Wages_______ Other__________

Any pre-paid burial account? Who is the burial account with? ___________________________ Balance: __________

Any trust account? Where is the trust held? ___________________________ Balance: __________

Any tribal affiliation? Name of Tribe: ___________________________ Enrollment number: __________

Does this person have an Individual Indian Monies account (IIM)? Yes ☐ No ☐ Balance: __________

What type of living environment and level of supervision does this person have? (Assisted Living, independent living, etc.)

__________________________________________________________________________

Please list any and all diagnosis:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

In what areas does this person require help in making decisions? Provide specific examples:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

How have decisions been made up to now?

__________________________________________________________________________

__________________________________________________________________________
What less restrictive alternatives to guardianship or conservatorship have been attempted and what were the results?

__________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________

Please describe specific reasons or the circumstances which led you to apply now:

__________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________

Have you contacted anyone else about becoming this person’s guardian and/or conservator? If not, and there are possible candidates, you must do so before proceeding with this application. If the answer is yes, describe your efforts including whom you contacted and when, their relationship to the person referred, and the response to your request.

__________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________

List the names and last known information of any known relatives, spouse, guardian, conservators, advocate, foster parents, or other persons involved in this person’s life, past and present (other than those providing direct care). Use additional page if necessary.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone Number</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
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<td>Relationship</td>
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</tbody>
</table>

Name and title, if any, of person completing this application: ____________________________________________

Relationship to person referred: ____________________________________________

Address if different than page three of application: ____________________________________________

Telephone number if different than page three of application: _________________________________

Email if different than page three of application: ____________________________________________

<table>
<thead>
<tr>
<th>CURRENT GUARDIANSHIP OR CONSERVATORSHIP STATUS</th>
<th>TYPE OF PROTECTION YOU THINK THIS PERSON REQUIRES</th>
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</thead>
<tbody>
<tr>
<td>Minor, DSS custody</td>
<td>Full guardianship</td>
</tr>
<tr>
<td>Minor, Court Appointed guardian/conservator</td>
<td>Full conservatorship</td>
</tr>
<tr>
<td>Minor or adult under tribal jurisdiction</td>
<td>Both guardianship and conservatorship</td>
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<tr>
<td>Adult with current guardian or conservator</td>
<td>Emergency appointment</td>
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<tr>
<td>No existing appointment</td>
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</table>

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of person completing this application ________________________________ Date __________

DSS/ASA 07/16